

# GENERAL FACT SHEET

BILL NUMBER 12R-87

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Supply of Vaccines, MMCAP Contract No. MMS11098		Multiple Year Contract

## DETAILS

## POSITIONS/RECOMMENDATIONS

Resolution to provide the Annual Supply of Vaccines, MMCAP Contract No. MMS11098 from Novartis Vaccines and Diagnostics, Inc., effective upon execution by both parties through June 30, 2015. This supply will be used by the Health Department for the acquisition of Vaccines as needed. The estimated cost for one (1) year \$5,000.00 for an estimated total of \$15,00.00 for approximately three (3) years.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Health Department
	Applicants/ Proponents	Applicant:  Purchasing  City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

## DETAILS

## POLICY/PROGRAM IMPACT

Resolution to provide the Annual Supply of Vaccines, MMCAP Contract No. MMS11098 from Novartis Vaccines and Diagnostics, Inc., effective upon execution by both parties through June 30, 2015. This supply will be used by the Health Department for the acquisition of Vaccines as needed. The estimated cost for one (1) year \$5,000.00 for an estimated total of \$15,00.00 for approximately three (3) years.

**POLICY OR PROGRAM CHANGE**

☒ NO ☐ YES

**OPERATIONAL IMPACT ASSESSMENT**

**FINANCES**

**COST AND REVENUE PROJECTIONS**

COST of total project: \$  
COST of this Ordinance/Resolution \$

RELATED annual operating Costs \$

INCREASE REVENUE EXPECTED/YEAR \$

**SOURCE OF FUNDS**

CITY [Approximately]  
\$ %

\$ %

\$ %

NON CITY [Approximately]  
\$ %

\$ %

\$ %

**BENEFIT COST**

☐ Front Foot Assessment

Average

☐ Square Foot

\$ \$

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze

REVIEW BY:

REFERENCE NUMBER